

## FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	CONICAL RUBBER BEARING																							
Application Number : Date : First Named Applicant: Johan HEDERSTIERNA Attorney Docket Number: 7589.188.PCUS00																								
<b>TOTAL FEE AUTHORIZED \$ 810</b>																								
Patent fees are subject to annual revisions on or about October 1st of each year.																								
Filing as large entity																								
<b>BASIC FILING FEE</b>																								
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>1001</td><td>770</td><td>770</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 770</td></tr></tbody></table>					Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	1001	770	770	Subtotal For Basic Filing Fees: \$ 770											
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<b>EXTRA CLAIM FEES</b>																								
<table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 14</td><td>0</td><td>1202</td><td>18</td><td>0</td></tr><tr><td>Independent Claims : 3</td><td>0</td><td>1201</td><td>86</td><td>0</td></tr><tr><td colspan="4"></td><td>Subtotal For Extra Claims Fees: \$ 0</td></tr></tbody></table>					Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 14	0	1202	18	0	Independent Claims : 3	0	1201	86	0					Subtotal For Extra Claims Fees: \$ 0
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<b>ASSIGNMENT FEES</b>																								
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<b>AUTHORIZED BILLING INFORMATION</b>																								
<b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b>																								
Credit account number:		1048																						
Expiration Date (YYYYMMDD):		2006-04-30																						
Authorized name:		CHARNA K ELMORE																						
Billing address:		22101																						